



**CONVENTION SALES LICENSE**

ACTIVITY NUMBER (OFFICE USE ONLY)	STATE SALES TAX NUMBER	FEDERAL TAX I.D. NUMBER	
DRIVER'S LICENSE # ISSUING STATE	EMAIL ADDRESS / WEBSITE		
BUSINESS NAME, A DOING BUSINESS AS® & MAILING ADDRESS:		PHYSICAL ADDRESS OF ACTIVITY:	
		TELEPHONE (BUSINESS)	LOCAL NUMBER DURING ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY:		CONTACT PERSON DURING ACTIVITY	
DATES: _____		NUMBER OF EMPLOYEES ON SITE	
TIMES: _____		EXPECTED OCCUPANCY	
MANAGER-S NAME	ADDRESS (HOME)	TELEPHONE (HOME)	DATE OF BIRTH
LOCAL AGENT FOR SERVICE OF PROCESS	ADDRESS (HOME)	TELEPHONE (HOME)	DATE OF BIRTH
OWNER NAME	ADDRESS (HOME)	TELEPHONE (HOME)	DATE OF BIRTH

I certify under penalty of perjury and license revocation that I am the authorized representative of the property owner; that I have read, know and fully understand the information and provisions of this license and the accompanying ordinance section governing business licenses; I certify that the information provided and representation made are complete and accurate to the best of my knowledge and my application is in accordance with Park City ordinances. This license shall be **VOID** if information or representations provided by licensee is incorrect or later changes and I fail to update such information within ten business days of the change of information. I acknowledge and understand the following: 1) That **THIS IS NOT A LICENSE**, but merely an application for a license to do business within Park City. 2) That if my application is approved, I shall be notified and issued a license certificate which must be displayed at my place of business at all times. 3) That the granting of this license to do business within Park City does not discharge or replace any other licensing or registration requirements I may have under City, County, State or Federal laws.

Name	SIGNATURE	DATE
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**Main Street BID fee ( Y / N )**

**\$243**

**CONVENTION LICENSE FEES**

All fees must be verified by the Finance department and sent in at the same time the application is turned in for approval. Only cash and credit card payments are accepted. Please note: It takes approximately two weeks for all required approvals. You can contact the Finance department by phone at 435-615-5221.

# USE ONLY FOR SUNDANCE

DELIVERY DATE \_\_\_\_\_ TAKE OUT DATE \_\_\_\_\_ NAME OF EXISTING BUSINESS \_\_\_\_\_

## CITY CLEARANCE:

POLICE DEPT.	APPROVED _____	REJECTED _____	DATE _____
BUILDING DEPT.	APPROVED _____	REJECTED _____	DATE _____
PLANNING DEPT.	APPROVED _____	REJECTED _____	DATE _____
SITE PLAN	APPROVED _____	REJECTED _____	DATE _____

## ADDITIONAL BUSINESSES LISTED AT THIS LOCATION:

NAME /DBA NAME	FEDERAL ID#
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GENERAL DESCRIPTION	CONTACT PHONE#
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NAME /DBA NAME	FEDERAL ID#
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GENERAL DESCRIPTION	CONTACT PHONE#
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NAME /DBA NAME	FEDERAL ID#
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NAME /DBA NAME		FEDERAL ID#	
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NAME /DBA NAME		FEDERAL ID#	
GENERAL DESCRIPTION		CONTACT PHONE#	